ARCTIC SLOPE NATIVE ASSOCIATION (ASNA) is a nonprofit tribal health and social services organization managed by the eight tribal governments of the Arctic Slope.

We are dedicated to the cause of Native self-determination and our work is guided by the traditional values of the Iñupiat.

Our Mission is to promote the well-being of the people of the Arctic Slope.

For more information, please visit www.arcticslope.org.
FROM THE CHAIR: Bernice Kaigelak  
FROM THE PRESIDENT: Marie Carroll  
OUR LEADERSHIP: Arctic Slope Native Association Board of Directors  
OUR LEADERSHIP: Samuel Simmonds Memorial Hospital Governing Body  

2012 BY THE NUMBERS  
2012 FEATURE STORY: Using Technology to Improve Healthcare  
2012 FEATURE STORY: ASIST and safetalk partnership  
2012 FEATURE STORY: Care Coordination  
2012 FEATURE STORY: New Hospital Project  
SAMUEL SIMMONDS MEMORIAL HOSPITAL: Highlights  
SSMH HIGHLIGHTS: Dental  
SOCIAL SERVICES: Highlights  
FINANCIALS

TABLE OF CONTENTS
2012 WASH A TRANSITIONAL YEAR for Samuel Simmonds Memorial Hospital (SSMH) for the better thanks to the hardworking staff of ASNA. I am very pleased with our new Hospital Administrator Jeff Prater. The Board also appreciates our knowledgeable Vice President of Finance Luke Wells and Vice President of Administration Angela Cox spearheading the Social Services department. Together with our hardworking President Marie Carroll, the administrative team is moving forward with the updated mission of ASNA—which is to promote the well-being of the people of the Arctic Slope. I would be remiss if I did not thank Donna Patterson, our Director of Nursing, who served as Acting Hospital Administrator over the last year.

The ASNA board has been working to refocus the organization toward the betterment of our Arctic Slope tribal members. We created a new strategic plan in August 2012 and I am pleased with the outcome and our revitalized direction. As your Chair, I am looking forward to the opening of the new hospital with a new family and patient-centered medical care model. We are in the planning stages for this new initiative and several others that will soon come to fruition. It is an exciting time for our organization.

I wish you all a successful whale hunt and gathering of food in your community. Happy spring!

Taikuu, Quyanaq, Quyanaqpak.

Aviuk

Bernice Kaigelak, Chair
Native Village of Nuiqsut

Bernice has been a board member since 1994 and became the Chair shortly after the passing of longtime Chair, Joseph Upicksoun.
ARCTIC SLOPE NATIVE ASSOCIATION (ASNA) is approaching a new chapter with the opening of the new regional hospital this fall. In 1996, ASNA assumed management of Indian Health Services and made it our number one priority to have a first rate health care facility on the North Slope. We have many individual health care stories in our current 50-year old facility. Like many families on the Arctic Slope, I have spent numerous hours in the hospital in anticipation of new births, and sadly, tragic emergency situations and end of life situations.

But a new day comes with the construction of the new hospital. It will have more modern tools for our healthcare providers. We are also working to improve the delivery of healthcare by introducing a primary care system. Primary care is a gold standard for raising the health status of individuals and a community. ASNA leadership will be traveling to the villages to share the new initiatives and to show the floor plans and workflow for staff. We are excited and eager to move to the new hospital as soon as construction is complete.

With the North Slope Borough operating the village clinics and the Alaska Native Tribal Health Consortium operating the Alaska Native Medical Center (ANMC), ASNA is mindful that we have many partners in being able to provide the best care possible. We are continually working to improve the coordination of care and have created a Care Coordination office staffed with case managers and medical travel and funeral assistant advocates. All of us work in partnership to decrease the number of appointments missed by patients at SSMH or ANMC and we strongly encourage patients who need to travel to contact our Care Coordination office as soon as an appointment is scheduled.

ASNA wishes everyone a successful spring season, whether you are whaling for your village or geese hunting at your camps.

Quyanakpak,
Qaqaun

FROM THE PRESIDENT/CEO Marie Carroll
Our organization is governed by a Board of Directors who represent and are selected by the Iñupiat Tribal Councils of the Arctic Slope.

THOMAS OLEMAUN, Vice Chair
Native Village of Barrow

Thomas Ignavina Olemaun of Barrow, Alaska serves as the Vice Chairman on the ASNA Board of Directors. Thomas graduated from Barrow High School in 1989. He continued his education at Sheldon Jackson College to earn an Associate of Arts Degree in Business Management in 1994. Thomas is currently working as the Executive Director for the Native Village of Barrow. He and his wife Maggie have four children: Nathaniel, Jakylou, Josiah and Anağı.

HERMAN KIGNAK, SR.
Native Village of Atqasuk

Herman Momeganna Kignak, Sr. of Atqasuk, Alaska serves as the Sergeant at Arms on ASNA Board of Directors. He is currently retired, but his previous work experience includes working for the North Slope Borough as a Heavy Equipment Operator and Village Coordinator from 1984 to 2000. Herman was also the City Mayor of Atqasuk from 1984 to 1989.

IDA ANGASAN
Native Village of Kaktovik

Ida Angasan of Kaktovik, Alaska serves as a member of the Board of Directors. She recently retired from her many years of service to the North Slope Borough School District, though she remains active in education through her role as a board member for Iļisaġvik College.

JEFFREY KOWUNNA
Native Village of Point Hope

Jeffrey Atkaan Kowunna of Point Hope, Alaska serves as a member on ASNA Board of Directors. He graduated from Tikigaq High School in 2001. Jeffrey is currently working as a Senior Van Driver for the North Slope Borough and is also a volunteer Emergency Medical Technician. He and his wife Aggie have four children: Henry, Ella, Jerri and Luke.

LILLIAN LANE, Member At-Large
Native Village of Point Hope

Lillian Aanauraq Lane of Point Hope, Alaska serves as Treasurer and At-Large member on the ASNA Board of Directors. She graduated from Mount Edgecumbe High School in Sitka. Lillian continued her education at Sheldon Jackson College to earn a Bachelor of Arts Degree in Elementary Education. She is currently working as an Inupiaq teacher for 5th to 12th grade for the North Slope Borough School District in Point Hope. Lillian and her husband Pastor UL Johnson have nine children and twenty grandchildren.

JUSTUS MEKIANA, JR.
Nagraqmiut Council

Justus Ilanagsak Mekiana, Jr. of Anaktuvuk Pass, Alaska serves as a member on the ASNA Board of Directors. He has taken Carpentry classes at Iļisaġvik College and also had training on Toyo Stoves. Justus is currently working Maintenance on housing renovations for the North Slope Borough. He and his wife Effie have three children: Angie, Kenton and Gilbert.
Isabel Maasak Nashookpuk of Wainwright, Alaska serves as a Secretary on the ASNA Board of Directors. She graduated from Alak School in Wainwright. Isabel is currently working as a Senior Van Driver for the North Slope Borough in Wainwright. She and her husband Rex have five children: Amos, Raymond, Josephine, Frances and Emma.

Allen Ahgakean Upicksoun of Point Lay, Alaska serves as a member on the ASNA Board of Directors. He graduated from Mount Edgecumbe High School and then joined the Army for three years in the Vietnam Era. Allen is currently retired, but his previous work experience includes Maintenance I, II, and III for the North Slope Borough School District in Point Lay. He also worked as a Liaison for Eben Hopson, Sr. at the North Slope Borough. Allen has seven children and seven grandchildren. His parents are Warren and Dorcas Neakok, and his brother is Joe Upicksoun.

Built in 1963, the Samuel Simmonds Hospital is a 10-bed critical access facility providing medical services in the northernmost region of Alaska. Our mission is to provide culturally sensitive quality healthcare to the communities of the Arctic Slope.

As authorized by the ASNA Board of Directors, a Hospital Governing Body comprised of tribal council representatives, ASNA leadership, and the North Slope Borough Health Director oversee the hospital and its operations.

Bernice Kaigelak, Chair
Native Village of Nuiqsut

Ida Angasan, Vice Chair
Native Village of Kaktovik

Doreen Lampe, Secretary
Native Village of Barrow

Donna Patterson
Director of Nursing

Elizabeth Hollingsworth
Native Village of Atqasuk

Margaret Pardue
Native Village of Nuiqsut

Allen Upicksoun
Native Village of Point Lay

Marie Carroll
ASNA President/CEO

Doreen Leavitt
North Slope Borough Department of Health and Human Services

Dr. Thomas Solenberger
SSMH Clinical Director

Jeff Prater
Hospital Administrator
New departments created: Housing and Quality Assurance

Births at Samuel Simmonds Memorial Hospital

Inpatient visits

Outpatient visits, including Emergency Room and Specialty Clinics

Village visits, including physician, community health aide, and dental visits within the service area

Medical and Funeral Travel Applications approved

Community members trained in safetalk suicide prevention training

Families served by our Indian Child Welfare Act assistance program

Dental village trips

The new Care Coordination office number
2012 FEATURE STORY: Using Technology to Improve Healthcare

TECHNOLOGY INFRASTRUCTURE

In 2012, two of the primary goals of the Information Technology Department were to eliminate computer down time which could cause a disruption in both patient care and business operations, and maintain a 100 percent uptime of the RPMS server. The first goal was met and we now have strong protection and backup for all patient related systems. During the process of strengthening ASNA’s technology infrastructure a 99% uptime rate was achieved with the servers processing patient data. Since the completion of the server projects, ASNA’s uptime rate is 100% with more than triplicate secured backup for all patient data.

Feature Story

DIRECT PATIENT CARE

ASNA and Public Health Nursing use the Resource and Patient Management System (RPMS) as its Electronic Medical Record (EMR) for documenting all patient visits. During FY12, ASNA met all Stage One requirements of “Meaningful Use” as required by the initiatives from the Federal Government. These requirements included:

1. Computerized Provider Order Entry (CPOE)
2. E-Prescribing (eRx)
3. Implement one clinical decision support rule
4. Report ambulatory clinical quality measures to Centers for Medicare & Medicaid Services (CMS)/States
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care
15. Protect electronic health information

ASNA is continuing to develop and maintain its technology infrastructure to meet all upcoming regulations involving Stage 2 of Meaningful Use requirements and to prepare for the infrastructure needed for ASNA’s Primary Care Medical Model.
AS PART OF OUR BEHAVIORAL HEALTH PROGRAM, ASNA has made significant investment in the Applied Suicide Intervention Skills Training (ASIST) and safeTALK training—using both programs as a methodology to help address suicide within our region.

SafeTALK teaches people to not miss, dismiss, or avoid the signs of a person that may be at risk of suicide. ASIST is compared to CPR/rescue breathing training, or referred to as suicide intervention first aid. Both trainings teach the skills to intervene immediately to help save a life and are particularly effective in small communities.

In August 2012, ASNA teamed with the North Slope Borough School District (NSBSD) in response to Alaska Senate Bill 137. The purpose of SB137 is to help address the devastating impact of suicide in our state, and requires all state certified teaching staff and administrators in 7th-12th grade schools to receive a minimum of two hours of suicide awareness/intervention training a year.

The NSBSD, however, decided they would not simply meet the minimum requirements. Eight NSBSD counselors went through four days of training to certify in suicide intervention skills and a “train the trainer” program. This gave the counselors the necessary certification to conduct safeTALK trainings within the schools and communities they serve.

While ASNA provided a significant amount of funding for this initiative, the school district orchestrated safeTALK training sessions for all NSBSD staff—every teacher, every maintenance crew member, every cook. The counselors also trained every student age 15 and up.

To date, over 500 people within our region have been trained in safeTALK.

School counselors are now conducting trainings within the villages, giving community members an opportunity to be a part of this initiative.
Feature Story

2012 FEATURE STORY: Care Coordination

Navigating the healthcare system can be challenging and stressful, especially if you live in a village and need to get to SSMH or ANMC. The pathway to care can often seem fragmented, time consuming and expensive. This last year, we created the Care Coordination office to help streamline the patient travel process and experience. Our work continues to evolve, but we are excited to share some of the changes that have occurred, including:

» Case managers and medical travel advocates share the same office space, allowing our Care Coordination team to work together to arrange patient travel

» We created one number to call 1-855-852-9114, with 24/7 service

» Extended office hours; on-call emergency service continues to be available

» Trained staff in new travel systems so they are able to quickly book flights and lodging

» Trained staff in our new electronic systems, ensuring vendors are paid timely and services are not interrupted

» Provided staff with more customer service training

» Increased communication efforts

» Improved response times for referrals and assistance applications

We are also working closely with the ANMC’s Care Coordination Center to streamline processes for all patients traveling from the North Slope to Anchorage.
Feature Story

IN DECEMBER 2011 Congress passed a continuing resolution with the necessary $60 million in funding needed to complete the new hospital. In 2012, ASNA received full funding required to finish the new replacement hospital project.

ABOUT THE NEW HOSPITAL

» It will be 109,000 square feet, approximately four times larger than the current facility
» Major construction will be complete in spring 2013
» There will be 2 labor and delivery rooms
» Pharmacy will consist of both retail and prescription services
» Addition of CT Machine in Radiology
» Physical Therapy services will be available
» Emergency generators use either natural gas or diesel fuel
» There will be 8 single inpatient rooms & 14 outpatient exam rooms
» An ambulance bay will allow patient transfers to occur inside the facility
» Optometry services will be available
» 3 times more dental operatories than existing facility
» 2 trauma rooms in emergency department
» Wireless technology will run throughout the facility

CONSTRUCTION UPDATE

The percentages complete at the end of fiscal year 2012 are as follows:

» Drywall: 98% complete
» Painting: 98% complete
» Tile: 69% complete
» Casework: 92% complete
» Mechanical: 96% complete
» Electrical: 97% Complete

» Terrazzo flooring was being finished throughout the building.
» Luxury vinyl tile flooring was installed in the dental and optometry areas.
» Lights were turned on throughout the building.
REALIZED EFFICIENCIES

Patient Accounts, Registration and Health Information are working in concert towards the goal of a more efficient and prosperous revenue cycle. Cross training has occurred between all three departments for a more streamlined work flow.

Health Information Management processes approximately 15 requests for release of health information per day. Staff code approximately 100 patient visits per day and provide two notaries free of charge to the public. Our coding backlog has gone from six months in August 2012 to five days by 2013. Cash collections for FY12 were 8% over our cash goal and 6% over FY11 collections.

We have begun implementing a Charity Care Program for non-beneficiary patients who cannot afford certain services or treatment.

We continue to partner with Ilisaġvik College and their Allied Health Program to train staff in medical coding and the dental assistant program.
SCREENING FOR LIFE

ASNA is one of the few Alaskan tribal health organizations who receive the Center for Disease Control Screening for Life (SFL) grant. This competitive grant allows us to provide easily accessible and affordable preventative cancer screenings within our service area. SFL is the only program on the North Slope that provides mammograms, colorectal, and cervical screenings—including free travel and housing for village patients.

This last year, SFL strengthened patient navigation techniques to help guide patients through the process of screening; this helped grow our screening population. We saw approximately 3,200 patients for breast and cervical exams, and preventative screenings.

SFL is making great impact on the Alaskan Native population where colorectal cancer is the second leading form of cancer. The amount of precancerous/cancerous polyps being removed is preventing deaths and prolonging lives.

THE MAKING OF A CHAPLAIN

This last year Audrey Saganna, the SSMH Travel Director became certified by Alaska Police Fire Chaplain Ministries (APFCM). She has been appointed as Chaplain to serve the North Slope Borough Region as her primary area; her direct assignment is with SSMH. Police and Fire chaplains are specifically trained to work in traumatic events and provide a variety of support services to the law enforcement/fire agencies in the communities they serve, but also provide crisis intervention services, prayer visits, and can assist in making death notifications, among other things.
THE GOAL OF THE DENTAL DEPARTMENT is to meet the needs of the Arctic Slope through dental disease prevention, education, and delivery of general dental treatment.

DENTAL BY THE NUMBERS

» 4,294 dental patients seen in Barrow and the villages of Atqasuk, Kaktovik, Nuiqsut, Pt. Lay and Wainwright during 22 Village dental trips

» $2.5 million dollars in dental treatment performed.

» 2,052 sealants placed on cavity-free teeth

» 4,070 dental fluoride treatments were administered either in the dental clinic or during school prevention programs slope-wide

» 72 patients were screened during the Annual Diabetic Program

» 99 Ipalook Elementary 1st and 5th graders seen during Annual Barrow Sealant Clinic program

» 2 oral Surgery Specialty Clinics conducted

» 11 weeks of Denture Specialty Clinics conducted

In 2012, Dental changed the process for evaluation of diabetic patients by providing screenings at the Wellness Center and follow-up appointments as needed. This increased our reach to more individuals.

SSMH hosted eleven Indian Health Service Dental Student Externs, providing a cultural experience and awareness of rural needs for future health care providers.

We conducted multiple outreach programs with North Slope Borough School District, Ilisagvik College, the Barrow Arctic Science Consortium, and others in an effort to prevent dental disease.

SSMH changed the Dental Assistant Training Process to an On-The-Job (OJT) training methodology. This allowed us to quickly put qualified individuals to work, minimized the clinical interruption of patient care, and allowed us to obtain staff when needed. Thus far we have graduated, hired, and retained six people via the OJT Process.
MISSION OF THE SOCIAL SERVICES DEPARTMENT

Our people reach their wellness goals, become self-sufficient and care for each other. Our communities should be healthy, thriving places to live.

The Social Service department administers ten programs for residents throughout the North Slope, including job placement, scholarships, family preservation, Indian child welfare, behavioral health education, elder care, burial assistance, and medical assistance. These programs are provided through direct service or by other service providers through contractual agreements.

In 2012 we increased our outreach, making it our goal to visit each community and personally meet with the clients we serve. This allowed us to attend tribal council meetings, make in-home visits, and provide more in-depth case management services.
MEDICAL TRAVEL AND FUNERAL ASSISTANCE (MTFA)

With continued support from the North Slope Borough and Arctic Slope Regional Corporation, the MTFA program has continued to assist low income North Slope Borough residents and ASRC shareholders to help meet their medical travel, medical housing, and funeral assistance needs.

A total of 3,144 applications were approved for in 2012

- 852 approved requests for Emergency Medical Housing (those who require travel with little to no notice), from the village to ssmh and/or the Alaska Native Medical Center
- 1,735 approved requests for Medical Housing and Travel Assistance, for those who have scheduled appointments at ssmh, ANMC, or other healthcare organizations
- 527 approved requests for Funeral Assistance to help families cover costs associated with losing a loved one
- 30 approved requests for Funeral Travel to ensure families can be together during their time of loss and healing

INDIAN CHILD WELFARE ACT (ICWA): KEEPING OUR IñUPIAT FAMILIES TOGETHER

Our goal with ICWA is to protect the best interests of tribal children and to promote the stability and security of our Iñupiat children and families.

We served 16 families from the villages of Atqasuk, Kaktovik, Nuiqsut and Wainwright and worked closely with their tribal councils to help build capacity and understanding of the ICWA program.
## Financial Summary

### Balance Sheet

<table>
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<th>2011</th>
<th>2012</th>
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<td><strong>Assets</strong></td>
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<td>Current Assets</td>
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<td>Capital Assets (net of depreciation)</td>
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<td><strong>Total Assets</strong></td>
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<td><strong>$44,463,630</strong></td>
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<td><strong>Liabilities</strong></td>
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<td>Current Liabilities</td>
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<td>Invested in Capital Assets</td>
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<td>Unrestricted</td>
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<td>Restricted</td>
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<td><strong>Total Liabilities &amp; Net Assets</strong></td>
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<td><strong>$44,463,630</strong></td>
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### OPERATING REVENUES

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<td>Grant and Contract Revenue</td>
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<td>Patient Service Revenue (net)</td>
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<td>Other</td>
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<td>$260,580</td>
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<td><strong>TOTAL OPERATING REVENUES</strong></td>
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### OPERATING EXPENSES

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<td>Contractual and Professional</td>
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<td>Construction</td>
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<td>Supplies</td>
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<td>Travel and Per Diem</td>
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<td>Other</td>
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### NET NONOPERATING REVENUE

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<td><strong>NET NONOPERATING REVENUE</strong></td>
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### CHANGE IN NET ASSETS

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<td><strong>CHANGE IN NET ASSETS</strong></td>
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BILLING COLLECTIONS

MONTHLY PATIENT REVENUE

FINANCIAL SUMMARY continued
ANNUAL NUMBER OF PATIENT ENCOUNTERS

Fiscal year 2009 – Fiscal year 2012

MONTHLY WRITE-OFFS

In thousands

Fiscal year 2009
27,947

Fiscal year 2010
29,054

Fiscal year 2011
30,961

Fiscal year 2012
30,027